

## **APPLICATION DATA SHEET**

### **Application Information**

**Application Number::**

**Filing Date::** September 10, 2003

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested Classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::**

**Number of CD Disks::**

**Number of Copies of CDs::**

**Sequence Submission?::**

**Computer Readable Form  
(CFR)?::**

**Number of Copies of CFR::**

**Title::** PRODUCTION OF FILTER ELEMENTS NOT  
SUITABLE FOR CUTTING

**Attorney Docket Number::** 41653-191002 RK

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::**

**Total Drawing Sheets::** 8

**Small Entity?::** NO

**Latin Name::**

**Variety Denomination Name::**

**Petition Included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Thorsten  
**Middle Name::**  
**Family Name::** SCHERBARTH  
**Name Suffix::**  
**City of Residence::** Geesthacht  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of Mailing Address::** Steinberg 4  
**City of Mailing Address::** Geesthacht  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-21502

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Sönke  
**Middle Name::**  
**Family Name::** HORN  
**Name Suffix::**  
**City of Residence::** Geesthacht  
**State or Province of Residence::**  
**Country of Residence::** Germany

**Street of Mailing Address::** Ilenweg 54  
**City of Mailing Address::** Geesthacht  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-21502

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Andreas  
**Middle Name::**  
**Family Name::** RINKE  
**Name Suffix::**  
**City of Residence::** Bad Oldesloe  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of Mailing Address::** Armenberg 23  
**City of Mailing Address::** Bad Oldesloe  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-23843

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** Germany  
**Status::** Full Capacity

**Given Name::** Matthias  
**Middle Name::**  
**Family Name::** JAHNKE  
**Name Suffix::**  
**City of Residence::** Hamburg  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of Mailing Address::** Henriette-Herz-Garten 39  
**City of Mailing Address::** Hamburg  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-21035

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** 202-962-4800  
**Fax Number::** 202-962-8300  
**E-Mail Address::** rkinberg@venable.com

### **Representative Information**

**Representative Customer Number::** 26694

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
<b>EUROPE</b>	<b>02 020 290.9</b>	<b>September 11, 2002</b>	<b>Yes</b>
<b>EUROPE</b>	<b>03 014 817.5</b>	<b>June 30, 2003</b>	<b>Yes</b>

## **Assignee Information**

**Assignee Name::** Hauni Maschinenbau AG  
**Street of Mailing Address::** Kurt-A.-Körber-Chaussee 8-32  
**City of Mailing Address::** Hamburg  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Germany  
**Postal or Zip Code of Mailing Address::** D-21033

RK/trt

DC2DOCS1\482591